

Stock/Mutual Fund Information Sheet

In order to continue the claim process you must complete this form. All claimants must complete Sections A & C. You must indicate what action you want the Auditor of State's Office to take on your behalf - **CHOOSE ONLY ONE OF the FOLLOWING**:

_____ We can **sell** your stock/mutual fund at the prevailing rate on the date of sale and you will receive a check for the proceeds less any brokerage fees; or

_____ We can **re-register** the stock/fund to a direct registration account in your name – you will not receive a paper certificate; or

_____ We can **transfer** the stock/mutual fund to your existing brokerage account (Complete Section B)

Section A - Owner Information

Name(s) to be registered: _____

Mailing Address: _____

Social Security Number or Tax ID: _____ Telephone Number: _____

Section B - Broker Information

Brokerage Firm's Name & Address: _____

Account Number: _____ Broker's Name: _____

Section C – Signature(s) of Owner(s)

Signature Printed Name Date

Signature Printed Name Date

OFFICIAL USE ONLY

AGENT PROCESSING CLAIM	
CLAIM NUMBER	
NUMBER OF SHARES	
PROPERTY NUMBER(S)	
CUSIP(S)	